

RESIDENT APPLICATION



HURLBUT[™]
CARE COMMUNITIES

Let our family care for yours

Date: _____

This form serves as a preliminary application for all Hurlbut Care Communities. You may be contacted for additional information. Please place a check mark beside the facility or facilities that you wish to receive this application.

- | | | |
|--|--|--|
| <input type="checkbox"/> Avon Nursing & Rehabilitation | <input type="checkbox"/> Hornell Gardens | <input type="checkbox"/> Newark Manor |
| <input type="checkbox"/> The Brightonian | <input type="checkbox"/> The Hurlbut | <input type="checkbox"/> Penfield Place |
| <input type="checkbox"/> Conesus Lake Nursing & Rehabilitation | <input type="checkbox"/> Latta Road East | <input type="checkbox"/> Seneca Nursing & Rehabilitation |
| <input type="checkbox"/> Hamilton Manor | <input type="checkbox"/> Latta Road West | <input type="checkbox"/> The Shore Winds |
| | | <input type="checkbox"/> Woodside Manor |

I. Applicant Information (*Person to be admitted to the facility)

Name of Applicant: _____

Current Location of Applicant: _____

If currently hospitalized or has been hospitalized within the past 30 days, complete the following:

Name of Hospital: _____ Dates of Stay: _____

Reason for Hospitalization: _____

Has the applicant had a previous nursing facility stay? Yes No

If yes, please list the names of the facility(s) and their dates of stay: _____

Home Address of Applicant: _____

Primary Phone: _____ Alternate Phone: _____

County Of Residence: _____

Birthdate: _____ Gender: M F Social Security Number: _____

U.S. Citizen: Yes No If naturalized U.S. citizen, date of naturalization: _____

Permanent Visa: Yes No Year Visa Obtained: _____

Primary Language: _____ Secondary Language: _____

Marital Status: Single Married Widowed Divorced

Are either you or your spouse a United States Veteran? Yes No

II. Emergency Contact Information

Name of Primary Representative: _____

Address: _____ City: _____

County: _____ State: _____ Zip code: _____

Relationship to Applicant: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Durable Power of Attorney: Yes No Legal Guardian/Conservatorship: Yes No Health Care Proxy: Yes No

Name of Secondary Representative: _____

Address: _____ City: _____

County: _____ State: _____ Zip code: _____

Relationship to Applicant: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Durable Power of Attorney: Yes No Legal Guardian/Conservatorship: Yes No Health Care Proxy: Yes No

III: Health Insurance Information

Medicare ID#: _____ Part A: Yes No Effective date: _____

Part B: Yes No Effective date: _____

Part D Plan Name: _____

Medicare HMO ID#: _____ Name of HMO: _____

Medicaid ID #: _____ Medicaid County: _____

Effective Date: _____ Name of Medicaid HMO (if applicable): _____

Long Term Care Insurance: Yes No

If yes, Company Name/Address/Telephone: _____

Copies of all forms and insurance cards will need to be provided at the time of admission.

IV. Financial Information

Monthly Income	Monthly Expenses
Social Security:	Mortgage:
Pension:	Rent:
VA Benefit/Pension:	Utilities:
IRA Income:	Loans:
Rental Income:	Health Insurance Premiums:
Trust Income:	Car Payments:
Other Monthly Income:	Other Monthly Expenses or Debts:

Bank Accounts	
Type of Account:	Current Balance:
Type of Account:	Current Balance:
Type of Account:	Current Balance:

Assets	
Do you own a home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Do you own any other property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: Value:
Trust Account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
CD's: <input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
IRA: <input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Stocks / Bonds: <input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Life Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Value:

Has there been any transfer of funds or assets, including but not limited to real estate in the past 60 months? Yes No

If yes, please explain: _____

To the best of my knowledge, all the information provided is accurate and true:

Name: _____

Signature: _____